Ple	ase print or type (Form designed for use on alite (12-pitch								
A	WASTE MANIFEST CAX	nerator's US EPA	,Docu	lanifest ment No.	2.Page of	l is not	require	e shaded areas d by Federal	
	3. Generator's Name and Mailing Address INTEGRATED NETWORKS					84341625			
1	183 Redhill, Costa Mesa, CA 92626					8.5abs Generator's ID CAX 000 224 519			
	5 Transponer 1 Company Name 6 US EPA ID Number					C:State Transporter's ID			
	OMEGA CHEMICAL CORP. CAD 042 245 001				D.Transporter's Phone 13/698-0991				
	7 Transporter 2 Company Name 8 US EPA ID Number					E.State Transporter's ID F.Transporter's Phone			
1:	9. Designated Facility Name and Site Address 10. US EPA ID Number GState Facility's ID								
							042 245 001		
	12504 E. Whittier Blvd.					H.Facility's Phone			
	Whittier, CA 90602 CAD 042 245 001					213/ 698-0991			
G	11, US DOT Description (Including Proper Shipping	Name, Hazard 6	lass, and ID Number	12.Conta	Type	13. Total Quantity	14. Unit ₩⁄⁄⁄ol	l. Waste No.	
E	WASTE ORM-A N.O.S.	NA169	3						
E R	(5120 SOLUTION)			001	DM	55	G		
A	b.								
Q				l l			1 1	1	
1	c.						1-1		
11									
						300 B	\bot		
	d.							1.34.	
П				Ì		6	1 1	1	
	Additional Descriptions for Materials Listed Above K Handling Codes for Wastes Listed Above								
Ш	TRICHLOROETHANE ISOPROPYL ALCOHOL ROLL								
	TRICHLOROETHANE, ISOPROPYL ALCOHOL, RO!								
	METHANE, FLUX.								
	Soft his transfer and the second state of the second secon								
П	15. Special Handling Instructions and Additional Information								
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for								
	transport by highway according to applicable international and national governmental regulations.								
1	Printed/Typed Name		Signature	00				fonth Day Year	
1	J. NEAL LANDON		J. Nest	and or				0503185	
R	17. Transporter 1 Acknowledgement of Receipt of Materials Onthe Printed/Typed Name Signature Signature Month Day							fonth Day Year	
RAZMP	Printed/Typed Name LCAAC WOODS) Signature ADDR G						,	05103185	
10	18. Transporter 2 Acknowledgement or Receipt of Materials Date							THE RESERVE THE PERSON NAMED IN	
ATE	Printed/Typed Name		Signature				٨	fonth Day Year	
Ä									
	19. Discrepancy Indication Space								
FACIL									
1									
7	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							Dec.	
1	District Const. Name							Date Month Day Year	
	STEVEN SIMPSON		Klue	June	MO	21	k	05/03/85	